

Officeholder and Candidate  
Campaign Statement -  
Short Form

Date of election if applicable:  
(Month, Day, Year)

FEB 24, 2015

☐ Amendment (Explain Below)

Date Stamp

CALIFORNIA  
FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 \_\_\_\_.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

ROBERTA GRANDE REYNOLDS

STREET ADDRESS

538 ETON DR

CITY

BURBANK

STATE

CA

ZIP CODE

91504

AREA CODE/DAYTIME PHONE NUMBER

(818) 422-8166

OPTIONAL: FAX / E-MAIL ADDRESS

RLG.REYNOLDS@gmail.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

BOARD OF EDUCATION

JURISDICTION (LOCATION)

BURBANK

DISTRICT NUMBER  
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

NONE

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

November 25, 2014

DATE

By

Clear Form

Print Form